

1 PLACE OF DEATH

State of Health  
REGISTRAR OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Bath  
Vol. No. 4958  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 52  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
(If death returned to a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Sam Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single  Married  Widowed  Divorced  (Write the words)

6 DATE OF BIRTH Apr. 17 1884  
(Month) (Day) (Year)

7 AGE 62 yrs. mo. da. 8 1922 Sex ma 62 00 00

9 OCCUPATION (a) Trade, profession or particular kind of work laborer  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

10 BIRTHPLACE (State or country) Bath Co. Ky

11 NAME OF FATHER David Morris

12 BIRTHPLACE OF FATHER (State or country) Kentucky

13 MARRIAGE NAME OF MOTHER Lannah W. Hart

14 BIRTHPLACE OF MOTHER (State or country) Kentucky

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Jess Cox  
(Address) Salt Lick Ky

16 Filed 4-18 1925 by M. H. Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 17 1925  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 17 1925 to about Apr. 17 1925 that I last saw him/her on about Apr. 17 1925 and that death occurred on the date stated above at 52 yrs.

18 CAUSE OF DEATH Tuberculosis of Lungs  
(Duration)        yrs.        mo.        da.

19 Contributory (Secondary) \_\_\_\_\_ (Duration)        mo.        da.

(Signed) D. C. Paul M. D. Apr. 17 1925 (Address) Salt Lick Ky  
State the Disease Causing Death, or, in death from Violent Causes state (1) Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal.

20 LENGTH OF RESIDENCE (For Deaths, Individuals, Two years or More Residences) at place \_\_\_\_\_ in the \_\_\_\_\_ State \_\_\_\_\_ of death \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da. \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da. Where was disease contracted? If not at place of death? Farmer or usual residence \_\_\_\_\_

21 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 4-18 1925  
UNDERTAKER Major W. Vaughan ADDRESS Salt Lick

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully examined, and should be so stated as to show that it may be properly classified. Statements of OCCUPATION and CAUSE OF DEATH in particular should be very important. See instructions on back of certificate.

EX